CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

he C/OH Instruction	Guide explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Bruce K. NICKNAME LAST SUFFIX	OFFICE USE ONLY Date Received
CANDIDATE /	Tatro ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
OFFICEHOLDER ADDRESS Change of Address	1505 Whispering Pines Houston, TX 77055	Date Hand-delivered or Date Postmarked
CAMPAIGN TREASURER NAME	TITLE FIRST MI Julien NICKNAME LAST SUFFIX	Receipt # Amount Date Processed
	Reeves	Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 1506 Whispering Pines Houston, TX. 77055	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 680-0822	
8 REPORT TYPE	January 15 30th day before election Runoff July 15 X 8th day before election Exceeded \$500 limit	15lh day after campaign freasurer appointment (officeholder only) Final report (Altach C/OH - FR) Year
9 PERIOD COVERED	MONIT Day Teal	7 01
10 ELECTION	ELECTION DATE Month Day Year 11 6 01 Primary Runoff	
11 OFFICE	OFFICE HELD (N any) Houston City Council District A Houston	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign expenditures made by others without the Candidates are required to disclose this information only if they receive notification of the Name	candidate's prior consent or approval. direct campaign expenditure. ••
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
	Bruce Ta	tro	<u></u>
SUPPORTING POLITICAL COMMITTEE(S)	have been made with	des political expenditures by political committees to support the candidate nout the candidate's or officeholder's knowledge or consent. Candidates an ey receive notice of such expenditures.	I officeholder. These expenditures may ad officeholders are required to report this
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit belo	ow and submit pages 1 and 2 only.)
CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN SES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		L POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,094.10
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 227.42
	4. TOTA	L POLITICAL EXPENDITURES	\$ 45,208.56
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TIDAY OF THE REPORTING PERIOD	**************************************
9 AFFIDAVIT		the second secon	perjury, that the accompanying repo
			information required to be reported t
المنتسدد	ELLA M SCHUBERT	me under Title 15, Election Code.	
	HUTARY PUBLIC Size of Turns Comm. Exp. 12/08/200	Bund	
		Signature of Cano	didate or Officeholder
AFFIX NOTARY STAI	MP / SEAL ABOVE		***
~ · ·		by the said Bwe Tatro entify which, witness my hand and seal of office.	_, this the <u>39 th</u> day
7.00	0	EllaM. Schubert	la atta

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 9	
FILER NAME: Bruce Tatro				ACCOUNT # (Ethics Commission filers)
Date 9-28-2001	Full name of contributor	out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (If available)
	Contributor address; City; State; Zip Code Houston, TX 77007			
Principal occupa	ation (Optional)	Employer ((Optional)	
Date 10-1-2001	Full name of contributor W.C. Clay Contributor address; City; State; Zip Code Houston, TX 77018	out at state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
Principal occup	pation (Optional)	Employer	(Optional)	
Date 10-2-2001	William Rogge Contributor address; City; State; Zip Code	out of state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occup	nouston, TX 77043	Employer	(Optional)	
Date 10-3-2001	Full name of contributor Mike Demko Contributor address; City; State; Zip Code Houston, TX 77255	Out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occu	pation (Optional)	Employer	(Optional)	
Date 10-4-2001	Fred Watkins Contributor address; City; State; Zip Code	out of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
Principal occu	Houston, TX 77055	Employer	(Optional)	

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

he Instruction	Guide explains how to complete this form.			Total pages this Schedule A1: 9
LER NAME:	Bruce Tatro			ACCOUNT # (Ethics Commission filers)
Date 10-4-2001	Full name of contributor Thomas A. Staudt	t of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (If available)
	Contributor address; City; State; Zip Code Houston, TX 77008		· [
Principal occupa	oation (Optional)	Employer	(Optional)	
Date 10-5-2001	Full name of contributor Beverly C. Sutton Contributor address; City; State; Zip Code	n ot state PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Houston, TX 77008	lover	(Outline)	
Principal occup	pation (Optional)	Employer	(Optional)	
Date 10-5-2001	Full name of contributor L.E.J. Machine Shop Contributor address; City; State; Zip Code	ut at state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Houston, TX 77092			
Principal occup	pation (Optional)	Employer	(Optional)	
Date 10-6-2001	Full name of contributor Evelyn Marie Foyt Contributor address; City; State; Zip Code Houston, TX 77055	out of state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occu	apation (Optional)	Employer	r (Optional)	
Date 10-7-2001	Full name of contributor Robert Bracht Contributor address; City; State; Zip Code Houston, TX 77018	out at state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occi	upation (Optional)	Employe	er (Optional)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 9	
FILER NAME: Bruce Tatro			ACCOUNT # (Ethics Commission filers)	
10-7-2001 Don	ina Contributor una Conrad butor address; City; State; Zip Code	ot state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occupation (Employer	(Optional)	
10-8-2001 Seli	ame of contributor ma Smith ibutor address; City; State; Zip Code	it of state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occupation		Employer	(Optional)	
10-8-2001 Joh	ributor address; City; State; Zip Code	ut of state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
Principal occupation		Employer	(Optional)	
10-8-2001 H.	O. Wahrmund, III tributor address; City; State; Zip Code	out of state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (If available)
Principal occupation	Optional)	Employer	(Optional)	
Date Full 10-8-2001 W		out ot state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occupation	(Optional)	Employe	r (Optional)	

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 9	
FILER NAME:	Bruce Tatro			ACCOUNT # (Ethics Commission filers)
Date 10-9-2001	Full name of contributor Fred Maikranz Contributor address; City; State; Zip Code Houston, TX 77092	L OI STATE PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occup	ation (Optional)	Employer	(Optional)	
Date 10-9-2001	Full name of contributor Marcel Beausoleil Contributor address; City; State; Zip Code Houston, TX 77041	n ot state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occup	vation (Optional)	Employer	(Optional)	
Date 10-10-200	Full name of contributor Lillie Mae Hempel Contributor address; City; State; Zip Code Houston, TX 77055	ut ot state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occup	pation (Optional)	Employer	(Optional)	
Date 10-10-200	Full name of contributor Mr. Geffert Contributor address; City; State; Zip Code Houston, TX 77080	out at state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occup	pation (Optional)	Employer	(Optional)	
Date 10-11-200	Full name of contributor Garth Heitshusen Contributor address; City; State; Zip Code Houston, TX 77043	out of state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occu	pation (Optional)	Employer	(Optional)	

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.					Total pages this Schedule A1: 9
TLER NAME:	Bruce Tatro				ACCOUNT # (Ethics Commission filers)
Date 10-12-200	Full name of contributor Angelo Apolio		ol state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zi	p Code			
Principal occupa	ation (Optional)		Employer	(Optional)	
Date 10-14-200	Full name of contributor Robert Groneman Contributor address; City; State; Zithouston, TX 77018	∏out ip Code	ot state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occupa	ation (Optional)		Employer	(Optional)	
Date 10-15-200	Full name of contributor Clinton F. Wong Contributor address; City; State; Z Houston, TX 77063	out	or state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occup	pation (Optional)		Employer	(Optional)	
Date 10-15-200	Full name of contributor John Cryer, III Contributor address; City; State; 7 Houston, TX 77056	□ou Zip Code	Lot state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occup	Dation (Optional)		Employer	(Optional)	
Date 10-16-200		□ot	it of state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
Principal occup	Houston, TX 77043 pation (Optional)		Employer	(Optional)	<u> </u>

SCHEDULE A1

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 9	
ILER NAME:	Bruce Tatro			ACCOUNT # (Ethics Commission filers)
Date 10-17-200	Full name of contributor Kristen Moore Contributor address; City; State; Zip Code	t or state PAC	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
Principal occup	Houston, TX 77008	Employer	(Optional)	
	anon (Optional)			
Date 10-17-200	Lillian Berger	nt ot state PAC	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; Clty; State; Zip Code Houston TX 77080			
Principal occup	oation (Optional)	Employer	(Optional)	<u> </u>
Date 10-17-200	Full name of contributor Donna Brown Contributor address; City; State; Zip Code	ut at state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Stanord, 1X 77477	T	(Onlineal)	
Principal occup	pation (Optional)	Employer	(Optional)	
Date 10-17-200	Texas Coalition for Good Government Contributor address; City; State; Zip Code	but at state PAC	Amount of contribution (\$) \$500.00	In-kind contribution -description (if available)
Principal occuj	Houston, TX 77098 pation (Optional)	Employer	(Optional)	
		<u></u>		
Date 10-19-200	(difficulty of contribution	nut of state PAC	Amount of contribution (\$) \$25.00	In-kind contribution description (If available)
	Houston, TX 77080	т		
Principal occu	pation (Optional)	Employer	r (Optional)	

SCHEDULE A1

The Instruction (Guide explains how to complete this form).		Total pages this Schedule A1: 9
FILER NAME: E	Bruce Tatro			ACCOUNT # (Ethics Commission filers)
10-19-200	Full name of contributor Houston Police Officers Union Pa Contributor address; City; State; Zip Houston, TX 77007	Out of state PAC	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if available)
Principal occupa	tion (Optional)	Employer	(Optional)	
Date 10-22-200	Full name of contributor Sam Barbar Contributor address; City; State; Zip	Out of state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occupa	ation (Optional)	Employe	r (Optional)	
Date 10-22-200	Full name of contributor Stephen Pate Contributor address; City; State; Zig	oul of state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occup	ation (Optional)	Employe	er (Optional)	
Date 10-22-200	Full name of contributor Ricky Kamins Contributor address; City; State; Zite Houston, TX 77055	Dout of state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
Principal occup	oation (Optional)	Employ	er (Optional)	
Date 10-22-200	Full name of contributor James Abbott Contributor address; City; State; Z	Out of state PAC	Amount of contribution (\$) \$1,267.50	In-kind contribution description (if available) Computer services, direct mailing expenses and postage.
Principal occup	pation (Optional)	Employ	er (Optional)	

SCHEDULE A1

The Instruction	Guide explains how to complete this form.			Total pages this Schedule A1: 9
FILER NAME:	Bruce Tatro			ACCOUNT # (Ethics Commission filers)
Date 10-23-200	Full name of contributor David Bearden Contributor address; City; State; Zip Code	out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Katy, TX 77450			
Principal occupa	ation (Optional)	Employer	(Optional)	
Date 10-23-200	Full name of contributor E	out of state PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code Houston, TX 77064			
Principal occup	ation (Optional)	Employer	(Optional)	
Date 10-23-200	Full name of contributor Jack Linville Contributor address; City; State; Zip Code	out of state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occup	Houston, TX 77056 pation (Optional)	Employer	(Optional)	
Date 10-24-200	Full name of contributor Connard Barker Contributor address; City; State; Zip Code Montgomery, TX 77356	out of state PAC	Amount of contribution (\$) \$2,000.00	In-kind contribution -description (If available)
Principal occur	pation (Optional)	Employe	r (Optional)	
Date 10-24-200	Full name of contributor Vinson & Elkins Texas PAC Contributor address; City; State; Zip Code Houston, TX 77002	out nt state PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (If available)
Principal occuj	l pation (Optional)	Employe	er (Optional)	

SCHEDULE A1 (FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.			Total pages this Schedule A1: 9	
FILER NAME:	Bruce Tatro			ACCOUNT # (Ethics Commission filers)
Date 10-25-200	Full name of contributor Norman Adams	nt ot state PAC	Amount of contribution (\$) \$1,351.60	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code Houston, TX 77248			
Principal occup	oation (Optional)	Employer ((Optional)	
Date 10-27-200	Full name of contributor TREPAC Contributor address; City; State; Zip Code Houston, TX 77027	ut ot state PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
Principal occup	pation (Optional)	Employer	(Optional)	

The Instruction Guid	e explains how to complete this form.		Total pages Schedule F: 7
ILER NAME: BI	uce Tatro	A	CCOUNT #: (Ethics Commission filers)
Date 9-28-2001	Payee name Payee address Earl LeBlanc PO Box 1562 Houston, TX 77251		Amount (\$) \$117.79
Purpose of expend Mileage reimbur	liture (See instructions regarding type of information required.) sement	** Complete if did Candidate / Office	rect expenditure to benefit C/OH ** tholder name Office sought / held
Date 9-28-2001	Payee name Payee address Clear Channel Outdoor 1313 West Loop North Houston, Tx 77055		Amount (\$) \$4,066.16
Purpose of expend Advertising	liture (See instructions regarding type of information required.)	** Complete if di Candidate / Office	rect expenditure to benefit C/OH ** cholder name Office sought / held
Date 9-28-2001	Payee name Payee address Earl LeBlanc PO Box 1562 Houston, TX 77251		Amount (\$) \$4,999.00
Purpose of expen Campaign Serv	diture (See instructions regarding type of information required.)	** Complete if d Candidate / Offic	irect expenditure to benefit C/OH ** cholder name Office sought / hel
Date 9-29-2001	Payee name Payee address St. Jeromes 8825 Kempwood Houston, TX 77080	·	Amount (\$) \$100.00
Purpose of exper Donation	diture (See instructions regarding type of information required.)	** Complete if of Candidate / Office	tirect expenditure to benefit C/OH ** ceholder name Office sought / he
Date 10-01-2001	Payee name Payee address Eisenhower Band Booster Club 7922 Antoine Dr Houston, TX 77088-4398	-	Amount (\$) \$50.00
Purpose of expen	nditure (See instructions regarding type of information required.)	** Complete if Candidate / Offi	direct expenditure to benefit C/OH ** ceholder name Office sought / h

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7		
FILER NAME: Bruce Tatro		ACCOUNT #: (Ethics Commission filers)		
Date 10-01-2001	Payee name Payee address Spring Branch West Super Neighborhood 8850 Long Point Houston, TX 77055		Amount (\$) \$120.00	
Purpose of expend Economic Outlo	liture (See instructions regarding type of information required.) ok Conference	** Complete if Candidate / Off	direct expenditure to benefit C/OH ** iceholder name Office sought / held	
Date 10-01-2001	Payee name Payee address Kight Printing 5750 Bintliff, Suite 202 Houston, TX 77036	Amount (\$) \$5,593.37		
Purpose of expend Printing	diture (See instructions regarding type of information required.)	** Complete if Candidate / Off	direct expenditure to benefit C/OH ** ficeholder name Office sought / hele	
Date 10-2-2001	Payee name Payee address Northside 2000 1526 Yale Houston, TX 77008		Amount (\$) \$425.00	
Purpose of expension Sign distribution	diture (See instructions regarding type of information required.)	** Complete it Candidate / Of	f direct expenditure to benefit C/OH ** fficeholder name Office sought / hel	
Date 10-3-2001	Payee name Payee address Kim Jessup 14027 Memorial Drive, Suite 338 Houston TX 77079	Amount (\$) \$2,030.84		
	diture (See instructions regarding type of information required.) and reimbursement for expenses	** Complete i Candidate / O	if direct expenditure to benefit C/OH ** fficeholder name Office sought / he	
Date 10-3-2001	Payee name Payee address Eppstein Group 4055 International Plaza, Ste 520 Ft. Worth, TX 76109	-	Amount (\$) \$2,000.00	
Purpose of expen	diture (See instructions regarding type of information required.)	** Complete Candidate / O	if direct expenditure to benefit C/OH ** officeholder name Office sought / he	

The Instruction Guide explains how to complete this form.			Total	Total pages Schedule F: 7	
FILER NAME: Bruce Tatro ACCO			UNT #: (Ethics Commission filers)		
Date 10-4-2001	Payee name Payee address Trees for Houston PO Box 13096 Houston, Tx 77219-3096			Amount (\$) \$50.00	
Purpose of expend Membership due	iture (See instructions regarding type of information required.) S	** Complete i Candidate / Of	f direct ex fficeholder	penditure to benefit C/OH ** name Office sought / held	
Date 10-7-2001	Payee name Payee address Phil Owens 7700 Willowchase #1513 Houston, TX 77070	Amount (\$) \$1,000.00			
Purpose of expenditure (See instructions regarding type of information required.) ** Complete if direct expandidate / Officeholder Campaign services		if direct ex ifficeholder	penditure to benefit C/OH ** name Office sought / held		
Date 10-8-2001	Payee name Payee address Hoss Grafik Design 16214 Kelley Green Ct. Cypress, Tx 77429			Amount (\$) \$2,500.00	
Purpose of expend Design and prod	liture (See instructions regarding type of information required.) uction fees	** Complete Candidate / C	if direct ex Officeholder	spenditure to benefit C/OH ** r name Office sought / held	
Date 10-11-2001	Payee name Payee address The Eppstein Group 4055 International Plaza, Ste 520 Fort Worth, Tx 76109	Amount (\$) \$2,000.00			
Purpose of expenditure (See instructions regarding type of information required.) ** Complete if direct of Candidate / Officeholds Phone bank		if direct e Officeholde	xpenditure to benefit C/OH ** r name Office sought / held		
Date 10-11-2001	Payee name Payee address Abbott's Computerized Mailing Service 7070 W 43rd St, #101 Houston, Tx 77092-444			Amount (\$) \$382.50	
Purpose of expense Mailing expense	diture (See instructions regarding type of information required.)	** Complete Candidate / 0	if direct e Officeholds	expenditure to benefit C/OH ** er name Office sought / held	

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 7		
FILER NAME: Bruce Tatro ACC		ACCOUNT #: (Ed	CCOUNT #: (Ethics Commission filers)	
Date 10-11-2001	Payee name Payee address Abbott's Computerized Mailing Service 7070 W 43rd St, #101 Houston, Tx 77092-444			nount (\$) 40.13
Purpose of expend Mailing expense	iture (See instructions regarding type of information required.) S	** Complete Candidate / O	if direct expenditure to infliceholder name	benefit C/OH ** Office sought / held
Date 10-13-2001	Payee name Payee address Costco 1150 Bunker Hill Houston, TX 77055		\$	mount (\$) 82.22
Purpose of expend Campaign suppl	diture (See instructions regarding type of information required.)	** Complete Candidate / C	if direct expenditure to Officeholder name	benefit C/OH ** Office sought / held
Date 10-15-2001	Payee name Payee address Pete Rogers 3031 Stetson Houston, TX 77043			mount (\$) 375.00
Purpose of expensions	diture (See instructions regarding type of information required.)	** Complete Candidate / 0	e if direct expenditure to Officeholder name	benefit C/OH ** Office sought / held
Date 10-15-2001	Payee name Payee address Iglesia Con Dios 4075 Hollister Houston, TX 77080	Amount (\$) \$200.00		200.00
Purpose of expension Sign distribution	nditure (See instructions regarding type of information required.)	** Complete Candidate /	e if direct expenditure to Officeholder name	Office sought / hele
Date 10-16-2001	Payee name Payee address Mike Welborn 10910 Mist Houston, TX 77070			Amount (\$) 200.00
Purpose of expension	nditure (See instructions regarding type of information required.)	** Complet Candidate /	te if direct expenditure t Officeholder name	o benefit C/OH ** Office sought / hel

The Instruction Guide explains how to complete this form.		l pages Schedule F: 7		
FILER NAME: Bruce Tatro ACCC		OUNT #: (Ethics Commission filers)		
Date 10-17-2001	Payee name Payee address Southwestern Bell PO Box 3025 Houston, TX 77097			Amount (\$) \$115.74
Purpose of expend District office pl	liture (See instructions regarding type of information required.)	** Complete if Candidate / Off	direct ex ficeholder	penditure to benefit C/OH ** name Office sought / held
Date 10-17-2001	Payee name Payee address Kight Printing 5750 Bintliff, Suite 202 Houston, TX 77036		Amount (\$) \$4,502.38	
Purpose of expenditure (See instructions regarding type of information required.) ** Complete if direct ex Candidate / Officeholder Printing		xpenditure to benefit C/OH ** or name Office sought / held		
Date 10-18-2001	Payee name Payee address Magic Circle RWC PAC 16010 Kempton Park Spring, TX 77379			Amount (\$) \$100.00
Purpose of expen	diture (See instructions regarding type of information required.)	** Complete i Candidate / O	f direct e fficeholde	xpenditure to benefit C/OH ** r name Office sought / hel
Date 10-22-2001	Payee name Payee address Cingular Wireless PO Box 711903 Houston, TX 77274			Amount (\$) \$349.06
Purpose of exper Campaign phor	nditure (See instructions regarding type of information required.) ne expense	** Complete Candidate / O	if direct e fficeholde	expenditure to benefit C/OH ** er name Office sought / he
Date 10-22-2001	Payee name Payee address SignMart of Texas 8222 Lockheed Houston, TX 77061			Amount (\$) \$2,343.61
Purpose of exper	nditure (See instructions regarding type of information required.)	** Complete Candidate / C	if direct o	expenditure to benefit C/OH ** er name Office sought / he

The Instruction Guide explains how to complete this form. Total		Total pages Schedule F: 7	
FILER NAME: Bruce Tatro ACCOU		ACCOUNT #: (Ethics Commission filers)	
Date 10-22-2001	Payee name Payee address Gulf Coast Hot Shot		Amount (\$) \$195.67
	PO Box 720569 Houston, Tx 77272-0569		
Purpose of expend Courier services	liture (See instructions regarding type of information required.)	** Complete if Candidate / Offi	direct expenditure to benefit C/OH ** iceholder name Office sought / held
Date	Payee name Payee address		Amount (\$)
10-22-2001	Cingular Wireless PO Box 711903 Houston, TX 77274		\$130.34
Purpose of expenditure (See instructions regarding type of information required.) Campaign phone expense ** Complete if direct expenditure (See instructions regarding type of information required.)		direct expenditure to benefit C/OH ** iceholder name Office sought / held	
Date	Payee name Payee address		Amount (\$)
10-22-2001	Spring Woods Choral 700 Gessner Houston, TX 77024		\$200.00
Purpose of expension distribution	diture (See instructions regarding type of information required.) n	** Complete if Candidate / Of	direct expenditure to benefit C/OH ** ficeholder name Office sought / hel
Date	Payee name Payee address		Amount (\$)
10-25-2001	US Postmaster 401 Franklin Houston, TX 77002		\$8,289.83
Purpose of exper	nditure (See instructions regarding type of information required.)	** Complete i Candidate / Of	f direct expenditure to benefit C/OH ** fficeholder name Office sought / hel
Date	Payee name Payee address		Amount (\$)
10-25-2001	Northside 2000 1526 Yale Houston, TX 77008		\$300.00
Purpose of expe	nditure (See instructions regarding type of information required.)	** Complete i Candidate / O	if direct expenditure to benefit C/OH ** fficeholder name Office sought / he

SCHEDULE F

The instruction Guide explains now to complete this form.		Total pages Schedule F: 7		
		ACCO	ACCOUNT #: (Ethics Commission filers)	
Date 10-25-2001	Payee name Payee address Mike Welborn 10910 Mist Houston, TX 77070			Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) ** Complete if direct Campaign office labor		direct ex ficeholder	ect expenditure to benefit C/OH ** older name Office sought / held	
Date 10-25-2001	Payee name Payee address Marlen Hjaime 8545 Rayson Houston, TX 77080			Amount (\$) \$200.00
Purpose of expend Sign distribution	iture (See instructions regarding type of information required.)	** Complete if Candidate / Of	f direct ex ficeholder	penditure to benefit C/OH ** name Office sought / held
Date 10-27-2001	Payee name Payee address Abbott's Computerized Mailing Service 7070 W 43rd St, #101 Houston, Tx 77092-444			*Amount (\$) \$422.50
Purpose of expend Mailing expense	liture (See instructions regarding type of information required.) S	** Complete i Candidate / Of	f direct ex fficeholde	xpenditure to benefit C/OH ** r name Office sought / held